

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|-----------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7/29/04</u> | | 2 Serial/Patent # <u>10/633280</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| 1460 | 430 Petition | | 7/6/04 | \$ 130 - | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | \$ 130 | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input checked="" type="checkbox"/> No Fee Due (Explanation): | | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> </tr> </table> | | | 0 | 2 | -- | 2 | 4 | 4 | 8 |
| 0 | 2 | -- | 2 | 4 | 4 | 8 | | | | | |
| PET DUE TO PTO ERROR | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>D WOOD</u> | | | TITLE: <u>SC ATTY</u> | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | PHONE: <u>3096908</u> | | | | | | | | |
| OFFICE: <u>OP</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | | DATE: <u>7/30/04</u> | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: